PINAL COUNTY
WIDE OPEN OPPORTUNITY

PINAL COUNTY COMMUNITY DEVELOPMENT
BUILDING SAFETY DIVISION
85 N FLORENCE STREET 1ST FLOOR / P.O.BOX 2973 FLORENCE AZ 85132

REVISION ONLY

(Please fill out all applicable fields for your revision)

TYPE OF REVISION: STANDARD PLAN_____ BUILDING PERMIT_____ POOL/SPA_____ OTHER _____

PROJECT ADDRESS: _____

PERMIT NUMBER: PER _____ **STANDARD PLAN NUMBER:** _____

PROPERTY OWNER(S)/RENTER/TENANT _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

BUILDER/CONTRACTOR _____PHONE_____

MAILING ADDRESS_____ CITY _____ ST_____ ZIP _____

LICENSE # & CLASS _____

SETBACKS (FROM EAVES): FRONT_____ LEFT SIDE _____ RIGHT SIDE _____ REAR_____

*The setbacks should be measured from either the **property line** or **future road right-of-way**, whichever is **more** restrictive.*

HEIGHT OF BUILDING _____

RESIDENTIAL/COMMERCIAL SQUARE FOOTAGE (IF DIFFERENT FROM ORIGINAL APPLICATION):

BASEMENT_____1ST FLOOR _____2ND FLOOR _____ GARAGE _____

CARPORT/PORCHES_____ TOTAL SQUARE FOOTAGE _____ # OF STORIES _____ # OF BEDROOMS _____

DESCRIPTION OF REVISION (WHAT HAS CHANGED FROM ORIGINAL APPLICATION): _____

_____

_____

DISTRICT OFFICE WHERE TO PICK UP PERMIT: FLORENCE

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP AND/OR QUESTIONS?):

NAME _____ PHONE _____

EMAIL _____

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

_____ _____ _____

PRINT NAME PLEASE SIGNATURE OF OWNER/ AGENT DATE OF APPLICATION

SPECIAL CONDITIONS: _____

FOR OFFICE USE ONLY

TYPE OF CONSTRUCTION: _____ PLANS EXAMINER: _____

OCCUPANCY CLASS: _____ ECD DATE: _____

OCCUPANT LOAD: _____ REVISION/PLAN REVIEW FEE: _____

UPDATED: AUG 2023